

HNECC PHN Commissioned Services Toolkit

Last updated May 2024



GLOSSARY

CONSUMER	<p>A Consumer in a health context refers to anyone who uses a health or health-related service.</p> <p>Consumer has a broader meaning than Patient because it includes services that are not clinical in nature and because it extends to the family and carers of those people receiving clinical care.</p>
PHN	Primary Health Network
LOCAL HEALTH DISTRICTS (LHDS)	The State funded organisations that are responsible for managing public hospitals and health institutions and for providing health services to a defined geographical area across NSW.
MY HEALTH RECORD	My Health Record is the national digital health record system. It is a secure online summary of an individual's health information, accessible online by the individual and their nominated or authorised healthcare providers.
PATIENT	A Patient is the person receiving clinical care from a doctor or another health professional. The term is usually limited to those currently undergoing some form of treatment.
COMMISSIONING COORDINATOR	The Commissioning Coordinator is the PHN staff member with direct responsibility for a program or program area.
QUINTUPLE AIM	The PHN business model has been developed around the quintuple aim of improving population health outcomes, improving the patient experience, providing value for money achieving equitable access to services and improving the worklife of healthcare providers.
SERVICE PROVIDER	The Service Provider is the organisation contracted by the PHN to deliver a defined program(s) or service(s).

WE ACKNOWLEDGE AND RESPECT THE TRADITIONAL LANDS OF ABORIGINAL PEOPLE AND EXTEND OUR RESPECT TO ELDERS PAST AND PRESENT. WHEN WE WALK AND WORK ACROSS THE LANDS OF OUR REGION WE ARE RESPECTFUL OF THE CULTURE AND TRADITIONS OF THE FIRST CUSTODIANS OF THESE LANDS.

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1. INTRODUCTION

Welcome to the Primary Health Network (PHN). The PHN is a not-for-profit organisation, funded by the Australian Government to improve the efficiency and effectiveness of the primary health care system in our region. We do not provide health services ourselves but use a comprehensive health planning approach to identify and prioritise service gaps, and to commission appropriate health services.

Our region is vast in geographical terms and diverse in terms of its communities. Covering 130,000 square kilometres, we reach from the QLD border in the north to Gosford in the south, and west past Narrabri and Gunnedah. It is home to 1.2 million people who live in small rural and remote communities, in regional towns and in densely populated urban centres.

We have developed this Toolkit to give service providers an understanding of the purpose and roles of Primary Health Networks, and the PHN in particular and to outline an expectation of what working with the PHN looks like. We hope that this will help you to work with us so that, together, we can secure the best possible health outcomes for our communities.

Please use the key contacts listed further in this document for any further information you may need on the services

you are providing.

For more information about the Hunter New England and Central Coast Primary Health Network please visit our web site at www.thephn.com.au

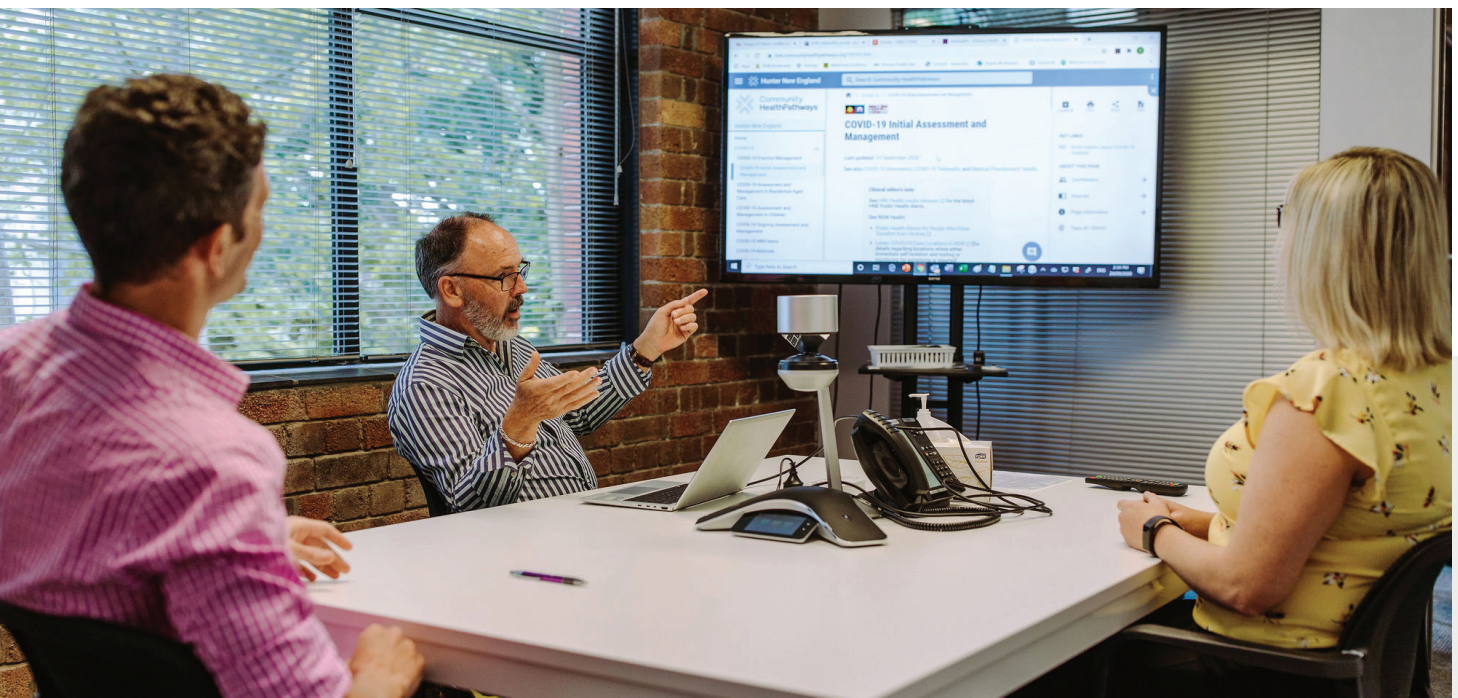
To read more about PHNs on a national level, please visit the Australian Government's Department of Health website at <http://www.health.gov.au/PHN>



We look forward to working with you.

Richard Nankervis

Chief Executive Officer – The PHN



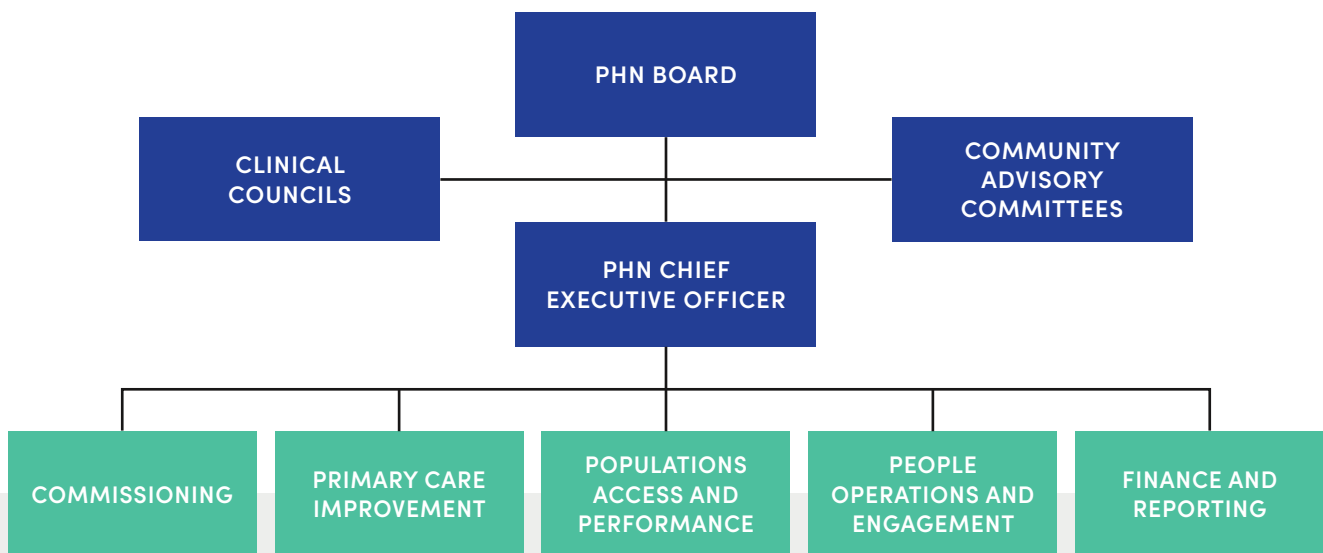
2. PHN OVERVIEW

2.1 GOVERNANCE

The PHN has a skills-based board of Directors, including the CEOs of Hunter New England and Central Coast Local Health Districts. Our executive team is made up of our CEO and five executive managers.

Three Clinical Councils and three Community Advisory Committees provide our board and executive with local clinical and community perspectives.

FIGURE 1: PHN GOVERNANCE STRUCTURE



Clinical Councils

Three Clinical Councils have been established to provide the Board and Executive with local perspectives on community health issues. They are GP-led but include members from other primary health care professions who represent a variety of practice settings, experiences, expertise and disciplines. The Clinical Councils are geographically focused to align with referral pathways and relationships, namely:

- New England North West;
- Hunter Manning; and
- Central Coast.

Their purpose is to champion and inform the creation of locally relevant strategies that will improve the quality, cost-effectiveness and timeliness of patient care, and reduce avoidable hospitalisations.

Community Advisory Committees

The three Community Advisory Committees reflect similar geographies to the Clinical Councils and provide local community feedback to inform the PHN decision making. These Committees comprise individuals interested in improving the health of their communities and are reflective of the population of each region.

With their community perspective, the Community Advisory Committees can provide advice and local insight on health issues and propose strategies and ideas that will achieve more effective, sustainable and person-centred care and deliver more equitable health outcomes.

2.2 GUIDING PRINCIPLES

The PHN works collaboratively with its partners and stakeholders to deliver better health outcomes for the region and its communities. In doing this, we are driven by Our Vision, Our Purpose and Our Values.

FIGURE 2: PHN STRATEGIC PLAN



Our services are also underpinned by several principles that reflect our commitment to greater efficiency, effectiveness, equity and sustainability. These are:

- Having a whole of system focus that puts people and communities first;
- Being responsive to the diversity of, and differences in, our communities and acknowledging variations in their health outcomes;
- Helping people understand and care for their own health, and supporting them as partners in a better health system;
- Supporting and being guided by GPs and other clinicians as leaders in a better health system;
- Aiming for the best use of health resources, with locally relevant services that are high quality, evidence-based and cost-effective; and
- Collaborating with others to enable and coordinate timely and appropriate health care, so that people can stay well in their communities.

To support commissioning health services for Aboriginal and Torres Strait Islander people, the PHN has developed a set of principles – [First-Nations-Commissioning-Principles-Executive-Summary-November.-22](#). These reflect the PHN’s commitment to deliver innovative, locally relevant solutions that will close the gap in life expectancy between Aboriginal and non-Aboriginal Australians.

The PHN works with providers in the private, public and non-profit sectors to provide a diverse range of health services to the community. The community expects us

to have high ethical standards in everything we do. We are expected to manage any conflict between our own interests and our obligations to the community. Our [Statement of Business Ethics](#) outlines our values, code of conduct and expectations, and provides an insight into ethical obligations when entering into a contractual relationship with the PHN.

2.3 HEALTH PRIORITIES

Primary Health Networks are expected to respond to the local health needs of their region, whilst being guided by the priority areas for targeted work and national priorities areas as determined by the Australian Government.



- Mental Health
- Aboriginal and Torres Strait Islander Health
- Population Health
- Workforce
- Digital Health
- Aged Care
- Alcohol and Other Drugs

To identify and prioritise local health needs, the PHN performs a Needs Assessment, using epidemiological data and information gathered from people across the region to identify unmet health and healthcare needs. Options for work that can be done to address these needs and improve the health of the population are presented and used to inform the planning and delivery of PHN activities.

The PHN maintains a suite of population health resources, including a Health Planning Compass, Regional Population Health Profiles and Local Government Area Population Health Snapshots.

These resources inform health and service planning and policy development and are available to organisations looking to improve the health of the community and reduce health inequalities.

For further information about local health needs and priorities of the region, the needs assessments and all population health resources are available through the PHN website: <https://thephn.com.au/what-we-do/planning>

3. CONTRACT DELIVERABLES

3.1 REPORTING REQUIREMENTS

Your Service Agreement or Letter of Acceptance will outline your contractual and reporting requirements and the corresponding payment schedule.

Please note that progress payments are dependent on delivery of the contracted services and achieving the key performance indicators (KPIs) outlined in your contract as well as the receipt of accurate and completed reports.

Output and quality measures are usually reported and/or tracked quarterly either through report data submitted via the Folio contract management platform, through reporting into minimum data sets, or as part of the quarterly meeting process where annual plan activity is reviewed. Providers reporting into relevant minimum data sets are required to upload this data monthly, and additional resources to support your organisation to comply with this are available [here](#).

3.2 FUNDING ACKNOWLEDGEMENT

Organisations delivering PHN-funded services have a range of roles and responsibilities that support and uphold the reputation of the services.

These obligations are contained in the [commissioned service provider guidelines](#). These roles and responsibilities include promoting the services and acknowledging the PHN in all communications materials relating to PHN-funded services. This includes using the PHN brand mark in all service-related information and marketing material. The PHN may ask service providers to submit information to confirm correct use of co-branding and funding acknowledgements. This includes, but is not limited to:

- Copies of information and marketing materials promoting the services
- Photographs of appropriate PHN acknowledgement displayed at service provider sites
- Other examples of the use of the PHN branding, where appropriate.



3.3 OUTCOME MEASURES

Patient Reported Measures are outcomes measured from the patient's perspective. These measures can be divided into two groups:

1. PATIENT REPORTED EXPERIENCE MEASURES (PREMS)

PREMs assess patients' experiences and perception of their health care; they are completed anonymously by patients.

PROMs capture patients' perspectives on how their illness or health care impacts on their health and well-being.

2. PATIENT REPORTED OUTCOME MEASURES (PROMS)

PREMs and PROMs will be used by the PHN to evaluate the services provided, and for the ongoing assessment of needs. At various times during the contract period, providers may be invited to participate in discussions on Key Performance Indicators, including the collection of standardised outcome measures.



3.4 QUINTUPLE AIM

The PHN has adopted the Quintuple AIM approach to ensure that the services we commission will improve our population's health, improve patients' experiences with the health system, provide value for money, improve client's ability to access services, and improve the work life of healthcare providers. All aspects of the Quintuple Aim approach are used to develop, monitor, review and evaluate service provision.

FIGURE 4: QUINTUPLE AIM FOR HEALTHCARE IMPROVEMENT



The four aims are described below:

- **Improved Population Health:** Population health refers to the health of all people living in the region. The PHN is committed to improving the health of our population through commissioning high quality, evidence-based health care services that are accessible, adequate and appropriate. *Questions to consider: What impact is the service having on population health measures? How is the service improving the health of the population? How is a patient reported outcome measures collected reviewed and improvements made?*
- **Improved Patient Experience:** The PHN is committed to care that supports and encourages patients to participate in decisions related to their care. The experiences of patients, consumers and their carers and families are influenced by many factors including how easily they can access the care they need, how well clinicians and other staff communicate with them, and how well clinicians and other staff respond to their needs. Measuring patient, consumer, carers and/ or family experience informs the provider and the PHN what is important to the individual, and in turn allows care to be more focused. *Questions to consider: How is patient experience measured and how does the service refine itself to improve patient experience?*
- **Value for money:** Supporting high quality health care is dependent on achieving efficiency and value for money. The PHN's commissioning processes reflects our commitment to achieve value for money with the funding that is available to best support the needs of the population. The PHN recognises that price is not the sole factor in determining value for money and considers both financial and non-financial costs and the benefits of any alternatives throughout the commissioning process that will impact our assessment of value for money. *Questions to consider: How does the price of the service compare to similar services? Is the service offered by a range of clinicians ensuring improvement of access to services? This might include Is there care being delivered by the most efficient model for example a range of peer workers, care navigators and clinicians?*
- **Improved Clinician Experience:** Improving the work life of health care providers is crucial to achieving the above three aims. The PHN actively supports and seeks guidance from GPs and other clinicians to achieve a better health system for both consumers and providers. There is no doubt workforce satisfaction is an important input to any health or social care sector being able to achieve its activities effectively which, in turn, is a determinant of better health outcomes. *Questions to consider: How does the service promote recruitment and retention? How is clinician wellbeing measured? What opportunities do clinicians have to redesign or improve the service?*
- **Advancing Health Equity:** Achieving/attaining/increasing health equity is ensuring in our processes to commission and deliver services that we consider everyone having the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. *Questions to consider: How are barriers to access being addressed? Are virtual or flexible options available? How does a service promote access to care?*

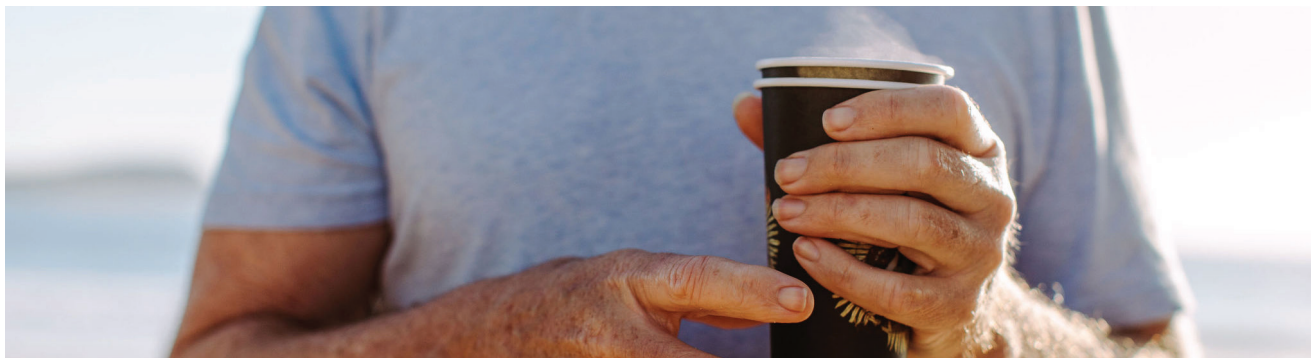
How is the service tailored for specific populations eg. First Nations, LGBTQI etc. How is patient experience captured and what systems are there for reviewing that data?

3.5 COMMISSIONING PERFORMANCE DASHBOARD

The Commissioning Performance Dashboard includes a comprehensive KPI Catalogue that captures performance objectives for our Commissioned services to ensure that the PHN can demonstrate the efficiency, effectiveness, accessibility and cultural responsiveness of our services for our region.

These developed KPIs, which align with the PHN Program Quality and Performance Framework, will apply to the majority of our contracts providers, however due to the varied and mixed nature of our commissioned services, there may be some KPIs that do not fit across all services.

A dashboard will be utilised in quarterly meetings between the PHN and providers and will provide an overview of health data intelligence visualisation that summarises the performance of our commissioned service providers.



3.6 PERFORMANCE AND PAYMENT FRAMEWORK

HNECC is committed to managing contractual performance across commissioned services, grants, or other service delivery agreements in a fair, transparent, and consistent manner. The Performance and Payment Framework has been developed as an internal resource to support contract management and outlines a consistent approach to assessment of performance when it falls outside of expected contractual agreements.

The PHN measures performance both as a delivery of outputs and in the quality of the activity. Output measurements are structured into all contracts, either as numeric targets or key milestones. Quality measures are a component of PHN contracts designed to support an evolution towards an outcomes-based commissioning model and encourage continuous quality improvement (CQI). Specific Quality Key Performance Indicators (Q-KPIs) were co-designed with providers and are used to inform the PHN Board about indicators considered important at a regional level.

Generally, outputs and quality measures are reported and assessed against expected contractual performance or Q-KPI thresholds. The outcome of these assessments informs decision-making if performance is identified as being sub-optimal with Table 1 outlining a range of contract-based actions that are available.

When sub-optimal performance occurs, the goal is to rapidly respond and work with providers to remediate any issues, while remaining an effective financial steward.

At times the PHN may need to take action on sub-optimal service delivery. The Standard Terms and Conditions (T&C's) that are included in HNECCs contract include a range of actions that are available to support the management of sub-optimal performance.

TABLE 1: ASSESSMENT OUTCOMES

OUTPUT PERFORMANCE	QUALITY PERFORMANCE	CONSIDERED ACTION
Up to 10% below target	No action	No action
10-20% below target Minor Underperformance	Single reporting period demonstrates one or more KPIs are 10-20% below required threshold; delays noted in Q-KPI adoption in the annual plan	Review with Provider, clearly document the remediation plans and causative factors and monitor – consider previous performance and identify if this is ongoing or relates only to the quarter being reviewed. This should be discussed with the Line Manager and any action (or not) agreed
20-30% below target Significant Underperformance	Subsequent reporting period where KPI thresholds not achieved; current reporting period demonstrates one of more KPIs are 20-30% below required threshold; persistent delays in Q-KPI planned adoption	Review with Provider, consider history and plans; discuss this with Line Manager to identify the most appropriate next steps. Consider implementing contractual levers.
More than 30% below target Major Underperformance	Repeated reporting period where KPI thresholds not achieved or ongoing Q-KPI adoption delays; current reporting period demonstrates one or more KPIs are more than 30% below required threshold.	Advise Line Manager, commence formal review process. Contractual levers must be implemented and the sub-optimal performance reported to the Executive Manager, CEO and Board via SQP quarterly reporting.

3.7 CULTURAL COMPETENCY

The PHN acknowledges the impact of trans generational trauma and of disconnection from land, culture and family experienced by First Nations people.

Service Providers will be expected to deliver services in a way that is culturally inclusive of people from all backgrounds and offers a culturally welcoming environment. This includes ensuring that all staff receive appropriate cultural awareness training and are committed to culturally safe practices.

All PHN Commissioned Service Partners will be encouraged to access the First Nations Health and Wellness Framework and it is expected that PHN commissioned service partners will embed cultural respect principles into their services. The framework provides a guide for service partners and the PHN to help deliver quality, culturally safe, responsive health care to First Nations people and communities across our region and contribute towards Closing the Gap.

For First Nations people we recognise that health is not just about physical well-being, it is also the social, emotional

and cultural well-being of the whole community which is important. This means that if we are to close the gap in First Nations health then it is vital we support more First Nations people to work in the health field.

Our aim is to empower First Nations people and to demonstrate respect for their cultural beliefs, values and family systems. We strongly believe our commitment to place First Nations people and communities at the centre of the decision-making process and implementing a whole of organisation approach to First Nations health will lead to improved health outcomes for First Nations people and communities within our region.

For more information or for assistance in delivering culturally safe services, please contact the First Nations Health Access Officer for your region.

Contact details are provided in **PHN Contacts** (see **Section 6**)

More information is available at: <https://thephn.com.au/what-we-do/commissioning/resources>



4. TOOLS AND RESOURCES

4.1 FOLIO CONTRACT MANAGEMENT SYSTEM

Folio is a web-based contract management system that the PHN uses to manage contract related communication and reporting documentation.*

Your organisation has been given a licence and access to Folio. When you are required to provide any data or documentation you will receive an email from noreply@kwelasolutions.com with a link to Folio. You will need to click on the link and upload the required information.

Your organisation may be required to compile and send reports directly to Folio via a link supplied to the email address of each provider.

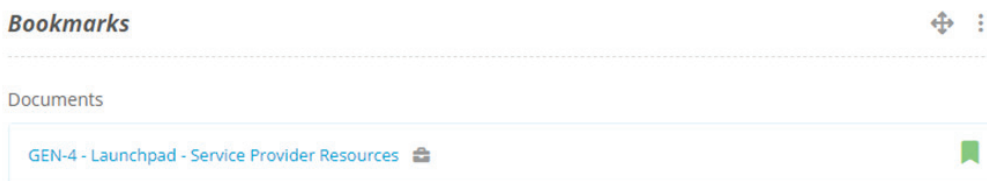
FOLIO also has a function where the PHN can store important documents and resources which allow your organisation to access these at any time. This is known as the Folio Launchpad – Service Provider Resources and it can be accessed using your log on details.

The Launchpad – Service Provider Resources takes you to a single page that contains public links and forms/templates which assist with meeting your contract deliverables. Resources include:

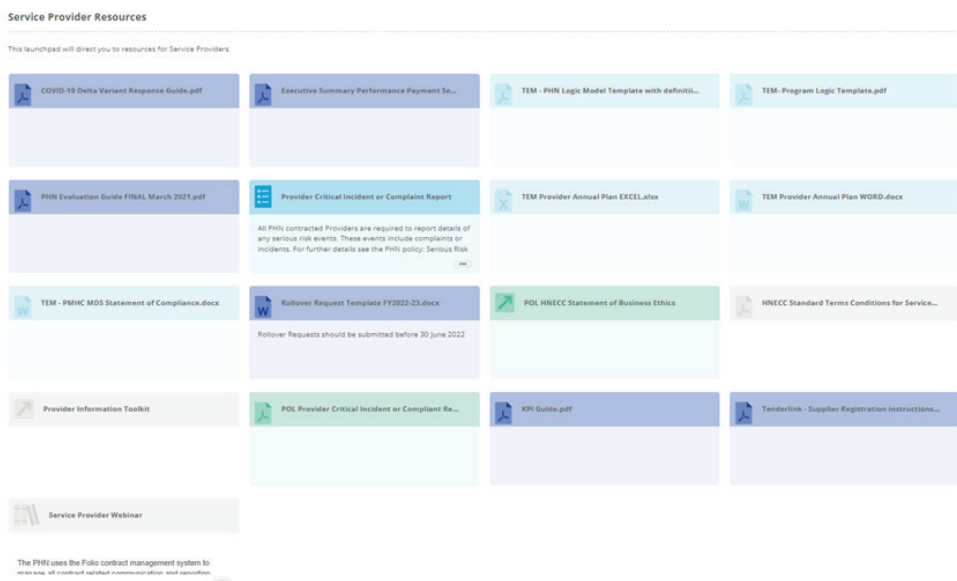
- Incident/Complaint Reporting Policy
- Templates (annual plan, rollover request)
- Guides and relevant PHN documents

The link to access the Launchpad – Service Provider Resources, is via your Folio home page.

Below is a screen shot.



The Launchpad – Service Provider Resources will look similar for all providers.



An overview of the FOLIO platform for providers is outlined in a video that can be viewed on our [YouTube channel](#).

For more information or assistance with Folio please contact the Contracts Team. Contact details are provided in **PHN Contacts** (see **section 6**).

4.2 VIDEOCONFERENCING

The PHN covers a large geographical region and this make can communication challenging and often resource intensive. It is important to establish and develop relationships between providers and stakeholder across the region, and technology can be helpful in maintaining contact and conducting day-to-day business.

The PHN primarily uses the Microsoft Teams platform for videoconferencing . Microsoft Teams is one platform that allows audio and visual contact over the internet. It is easy to establish and can deliver reliable and cost-effective video conferencing.

Resources to assist organisations to use and become familiar with Teams for business are available at: <https://support.microsoft.com/en-us/teams>

5. ENABLERS TO INTEGRATED HEALTH CARE

5.1 DIGITAL HEALTH ACCESS POLICY

All Commissioned Service Providers are required to have a current Digital Health Access policy. It is expected that this policy would be reviewed every two years. The policy should cover aspects of Digital Health that are relevant to your individual organisation, including but not limited to data safety and governance, cybersecurity, privacy and electronic communication, and data security.

Below is a list of resources available to develop these policies for your organisation.

- [Digital Health Toolkit for Allied Health Services](#)
- [Digital Health Toolkit for Allied Health Providers of Mental Health Services](#)
- [Digital Health Toolkit for Allied Health Providers providing Musculoskeletal Therapies](#)
- [Digital Health Policy Templates for Allied Health Practices](#)
- [Digital Health Policy Templates for Allied Health Practices providing Mental Health Services](#)
- [Digital Health Policy Templates for Allied Health Practices providing Musculoskeletal Services](#)
- [The Australian Digital Health Agency – Security and Access policy checklist](#)

5.2 CYBER SECURITY

There continues to be a significant rise in the number of cyber-attacks on Australian health organisations, with a number of high-profile ransomware attacks resulting in significant downtime, reputational damage and compromised data. An attack on the hospital system in Gippsland resulted in weeks of downtime and a situation that took many months to fully recover from.

Given the low maturity of many Australian health providers, cyber-attack is a very real and growing threat to the operation of healthcare businesses.

In this context it is increasingly important that all Allied Health and Commissioned Services all understand the risks and undertake education for staff as well as introducing key mitigating actions.

There are a number of free resources and online training sessions available on the Australian Digital Health Agency website. Commissioned Services are strongly encouraged to access the resources and online self-paced education as an introduction to cyber security.

[Cyber security | Australian Digital Health Agency](#)

[Cyber security training and support | Australian Digital Health Agency](#)



5.3 SECURE MESSAGING

Secure Messaging (SM) is the basic process that supports healthcare providers to communicate and exchange confidential clinical information using a safe, secure and seamless approach. Secure Messaging Delivery (SMD) is a set of Australian standard requirements, developed by the Australian Digital Health Agency, Standards Australia, clinical software vendors and secure messaging providers.

These requirements define the foundations and approach that supports the secure delivery of messages containing clinical documents and / or other information between healthcare organisations. The PHN requires service

providers to use SM where possible, to exchange clinical information with other healthcare providers. Further information on SM, and SMD providers is included in **Appendix 1**.

More information is also available at: <https://thephn.com.au/what-we-do/commissioning/resources>



5.4 MY HEALTH RECORD

All service providers are required to have access to a digital health platform that will allow them to view a patient's national electronic health record called My Health Record.

After Hours service providers must be fully compliant with appropriate clinical software, ensure that patients with a My Health Record are identified by the Service Provider, and upload an event summary to the My Health Record at the completion of each clinical consultation.

At a minimum, the PHN requires service providers to be set up to view My Health Record via the National Provider Portal (NPP). Further information on My Health Record system and registration process is provided in **Appendix 2**.

More information is also available at: <https://thephn.com.au/what-we-do/commissioning/resources>

An overview of the My Health Record system can also be viewed at: <https://youtu.be/x9nNIYlloGc>

5.5 SENT EREFERRAL

The SeNT eReferral system enables healthcare providers to send and receive secure, high quality and clinically relevant electronic referrals.

Currently available to service providers across the Hunter New England (HNE) region, access to the system is supported by the PHN which includes set up, technical support and training for use. Since 1 May 2020, GPs in the HNE region are required to use SeNT eReferral for referrals to all public services, therefore the PHN requires

commissioned service providers to receive these eReferrals from GPs. The PHN Digital Health team will assist services with the set up to receive SeNT eReferrals.

Further information on the SeNT eReferral system is provided in **Appendix 3**.

Information is also available at: <https://thephn.com.au/what-we-do/commissioning/resources>

An overview of the SeNT eReferral system can also be viewed at: <https://youtu.be/ZE2j-GrBwsl>

5.6 REGISTERING FOR THE HEALTHCARE IDENTIFIERS (HI) SERVICE

Registering your organisation to access the My Health Record system, use Secure Messaging Delivery or use SeNT eReferral requires connection to the Healthcare Identifiers (HI) service.

Before registering, organisations need to be familiar with the [roles and responsibilities](#) within the HI service and My Health Record system. The process to register is now faster for allied healthcare professionals.

To begin the process or for further information, go to [register your organisation](#). If assistance is required, please contact a member of the PHN Digital Health team on 1300 859 028.

5.7 HEALTHPATHWAYS

HealthPathways is an online health information portal for GPs and other primary health clinicians to be used at the point of care. It provides information on how to assess and manage medical conditions, and how to refer patients to local specialists and services in the most timely way.

The PHN expects that all clinical service providers will contribute to the development of HealthPathways by providing service information, including referral processes and eligibility criteria, suitable for inclusion in HealthPathways. Where appropriate, services may also participate in clinical redesign processes.

Service Providers are expected to be proactive in providing and updating their information to the HealthPathways team at start of contract and whenever information changes. It is recommended that providers log in to HealthPathways regularly (eg quarterly when completing reports) to check information is still current.

As HealthPathways is a dynamic collaboration between local primary health care clinicians and the Local Health District there are separate portals for both the Hunter New England and Central Coast regions.

HealthPathways is **NOT** designed to be used by patients or general community members. A user name and password are therefore required to use the site.

HealthPathways Central Coast can be accessed at:

<https://centralcoast.healthpathways.org.au>

- Username: centralcoast
- Password: 1connect

To contact the Central Coast HealthPathways Team:

- email CCHealthPathways@hneccphn.com.au
- use the "Send Feedback" submission button found on any page in HealthPathways.

HealthPathways Hunter New England can be accessed at:

<https://hne.healthpathways.org.au/>

- Username: hnehealth
- Password: p1thw1ys

To contact the Hunter New England HealthPathways Team:

- use the "Send Feedback" submission button found on any page in HealthPathways.

Additional information is available at <https://thephn.com.au/what-we-do/commissioning/resources>

5.8 PATIENT INFO

Aligned with HealthPathways, PatientInfo is a website brought to you by Hunter New England LHD, Central Coast LHD and the PHN.

The site provides consumers with trusted health information on a range of topics and covering a variety of clinical conditions. Resources and links are up-to-date and evidence based.

This site is freely accessible and is designed to be used by patient and the general community. No specific log-in or password is required for the site.

Hunter New England PatientInfo can be accessed at:

<http://www.patientinfo.org.au/>

Central Coast PatientInfo can be accessed at:

<http://ccpatientinfo.org.au/>

6. PHN CONTACTS

You will have a Commissioning Coordinator for each program you are contracted to provide. This is your main contact for all questions or concerns about the Program, or about the PHN more generally.

The PHN's Communication Manager can assist with any media enquiries. Please contact the Communication Manager on page 22 as soon as practicable following any media enquiry.

PROGRAM	STAFF MEMBER	POSITION	MOBILE	EMAIL
Primary Care Commissioning				
Afterhours Primary Care (inc. GPAAH)	Mitch Cootes	Manager – Primary Care Commissioning	0419 369 618	mcootes@thephn.com.au
Commonwealth Urgent Care Clinics	Billi McGrath	Commissioning Coordinator – Urgent Care	0482 848 194	bmcgrath@thephn.com.au
NSW State Urgent Care Clinics	Amy Clyde-Smith	Commissioning Coordinator – Urgent Care	0447 371 648	Aclydesmith@thephn.com.au
Integrated Team Care	Toni Manton	ITC Service Commissioning Coordinator	0447 569 729	tmanton@thephn.com.au
Primary Allied Health and Imaging/ Primary Health Care Nursing/ Cancer Screening	Emma Bohringer	Commissioning Coordinator – Primary Care Services	0439 452 078	ebohringer@thephn.com.au
Mental Health and Wellbeing Team				
	Leah Morgan	Senior Manager - Mental Health and Wellbeing	0418 938 152	lmorgan@thephn.com.au
Mental Health and Suicide Prevention Team				
Mental Health	Steve Dye	Manager - Mental Health and Suicide Prevention – Commissioned Services	0437 629 253	sdye@thephn.com.au

PROGRAM	STAFF MEMBER	POSITION	MOBILE	EMAIL
Primary Mental Health and Initial Assessment and Referral (IAR)	Hannah Beamish	Commissioning Coordinator – Mental Health and Suicide Prevention	0400 827 908	hbeamish@thephn.com.au
Headspace and Youth Complex Mental Health	Jade Young	Commissioning Coordinator – Mental Health and Suicide Prevention	0436 801 411	jyoung@thephn.com.au
Suicide Prevention/ The Wayback Support Service/ Head2Health/ Low Intensity Services	Stuart Donaldson	Commissioning Coordinator – Mental Health and Suicide Prevention	0429 221 971	sdonaldson@thephn.com.au
Aged Care Mental Health/ PMH for Children U12yrs		Commissioning Coordinator – Mental Health and Suicide Prevention		
Mental Health Projects	Natalie Ploughman	Senior Project Officer	0409 853 104	nploughman@thephn.com.au
Mental Health Strategic Partnerships				
Regional Suicide Prevention	Fran Groves	Suicide Prevention Regional Response Coordinator	0429 669 452	fgroves@thephn.com.au
IAR Training	Dr Jae Tuyau	Mental Health Training and Support Officer	0438 107 601	jtuyau@thephn.com.au
IAR Training	Geoff Long	Mental Health Training and Support Officer	0439 587 879	glong@thephn.com.au
Drug, Alcohol and Wellbeing Commissioning Team				
Drug and Alcohol and Psychosocial Programs – The Glen and Armajun..	Mary-Anne Whitworth	Manager - Drug and Alcohol and Indigenous Mental Health	0429 473 611	Mwhitworth@thephn.com.au
First Nations Mental Health Services	Elise Smith	Commissioning Coordinator – First Nations Mental Health	0447 565 549	esmith@thephn.com.au

PROGRAM	STAFF MEMBER	POSITION	MOBILE	EMAIL
Psychosocial Programs	Scott Wood	Commissioning Coordinator – Psychosocial Mental Health Programs	0438 723 385	swood@thephn.com.au
Drug and Alcohol and Psychosocial Programs	Brendan Chandler	Commissioning Coordinator – Alcohol and Other Drugs	0448 574 963	Bchandler@thephn.com.au
Domestic and Family Violence/ Sexual Assault/ Child Sexual abuse	Tash Grose	Commissioning Coordinator – FDSV	0427 932 354	tgrose@thephn.com.au
Domestic, Family and Sexual Violence				
DV Local Links	Shannon Richardson	Safe and Healthy Families Manager	0437 864 363	srichardson@thephn.com.au
DV Projects	Jocelyn Karsten	Safe and Healthy Project Officer	0497 783 764	jkarsten@thephn.com.au
Care for Older People and Palliative Care				
Care for Older People and Palliative Care	Jacqui Hewitt	Manager – Care for Older people and Palliative Care	0427 110 901	jhewitt@thephn.com.au
Care for Older People	Dan Reynolds	Team Leader	0417687640	dreynolds@thephn.com.au
Care for Older People	Zona Gabriel	Care for Older people coordinator	0419 793 538	zgabriel@thephn.com.au
Care for Older People		Project Officer		
Palliative Care	Charles Broadfoot	Project Officer	0447 161 498	cbroadfoot@thephn.com.au

PROGRAM	STAFF MEMBER	POSITION	MOBILE	EMAIL
Care for Older People		Project Support Officer		
Commissioning				
Commissioning	Amanda Martin	Commissioned Services Manager	0428 274 961	amartin@thephn.com.au
Commissioning	Vanessa Swilks	Senior Project Officer	0472 741 074	vswilks@thephn.com.au

The regional Executive Manager will also be a point of contact for issues with a strategic or regional focus, or when program concerns need be escalated beyond the Commissioning Coordinator.

REGION	NAME	MOBILE	EMAIL
Central Coast	Catherine Turner	0428 492 203	cturner@thephn.com.au
Hunter	John Baillie	0439 944 123	jbaillie@thephn.com.au
New England	Ali Koschel	0499 680 716	akoschel@thephn.com.au

Regular meetings will be arranged between the Commissioning Coordinator and the Service Providers. At times, the regional Executive Manager may also participate in these meetings to enhance and facilitate the developing corporate relationships, discuss ongoing strategic direction and provide additional information that may relate to the services provided under the contract(s).

Ongoing and future meeting between the regional Executive Manager and the service providers will occur if required. This will ensure that opportunities are provided as needed to discuss issues pertaining to the region and the ongoing corporate relationship between service providers and the PHN.

OTHER CONTACTS	STAFF MEMBER	POSITION	MOBILE	EMAIL
Media and MP Enquiries	Rebecca Brennan	Communications and Public Relations Manager	0437 478 138	rbrennan@thephn.com.au
Marketing and Engagement	Louise Ross	Marketing and Engagement Manager	0437 870 712	lross@thephn.com.au
HNECC PHN Contracts	Contracts Team		1300 859 028	HNECCPHNContracts@thephn.com.au
Service Provider Payments		Accounts	1300 859 028	accounts@thephn.com.au
Aboriginal Cultural Safety and Competency	First Nations Team		1300 859 028	first-nations-health-access@thephn.com.au

APPENDIX 1: SECURE MESSAGING

Central to digitally enabled, integrated and coordinated health care is reliable, secure, provider to provider communication. Secure Messaging is a way in which health care providers can share clinical and personal information safely and securely. It requires dedicated computer software that enables a health care provider's clinical software to talk to another provider's clinical software.

To use Secure Messaging, organisations need to purchase an appropriate software system through a local provider (listed below). This will provide a secure messaging connection. For the software to work, however, organisations also need to be using compatible clinical

software. Compatible clinical software for each Secure Messaging company is listed on their web pages. There are some exceptions to the requirement for compatible clinical software; these can be discussed with your local provider. The SMD process is shown in the diagram below.



Secure Messaging benefits:

- Improved clinical care – enables access to clinical information to improve patient care.
- Streamlined administrative process – reduces costs and time associated with managing paper-based correspondence.
- Improved coordination of care – better communication between healthcare providers as part of an end-to-end clinical workflow.
- Enhanced privacy and security – information managed securely in transit preventing interception, assures privacy and security.

Registering your organisation to use Secure Messaging Delivery requires connection to the Healthcare Identifiers (HI) service. Refer to 5.4 above.

There are four main secure messaging providers used in the Hunter, New England and Central Coast areas:

- **Medical Objects:** <https://www.medical-objects.com.au>
- **Argus:** <https://www.telstrahealth.com/argus>
- **HealthLink:** <https://au.healthlink.net/>
- **ReferralNet:** <https://www.referralnet.com.au/> (is interoperable with Argus)

FOR ASSISTANCE WITH REGISTRATION AND USE OF SECURE MESSAGING CONTACT THE PHN DIGITAL HEALTH TEAM: 1300 859 028

APPENDIX 2: MY HEALTH RECORD

Available to all Australians, My Health Record is a secure online summary of an individual's health information. Authorised healthcare providers can access an individual's My Health Record, when providing healthcare, to view and add health information.

The My Health Record system offers healthcare providers timely access to information about patients including shared health summaries, hospital discharge summaries, medicine prescription and dispense records, pathology reports and diagnostic imaging reports.

Individuals have visibility and control over their health information that is secure and in one place. Important information available to individuals and healthcare providers when and where it is needed, including in an emergency.

My Health record supports a better, connected healthcare system by presenting individuals and healthcare the convenience of Australia-wide access to health information, stronger security and privacy and improved medicine safety.

Further information about My Health Record for healthcare professionals is available on the Australian Digital Health Agency website: <https://www.myhealthrecord.gov.au/>

Registering your organisation to access the My Health Record system requires connection to the Healthcare Identifiers (HI) service. Before registering, organisations need to be familiar with the [roles and responsibilities](#) within the HI service and My Health Record system.

Healthcare providers can register to access the My Health Record system via:

- [Conformant software](#)
- [the National Provider Portal \(NPP\)](#) – minimum requirement
- [contracted service provider \(CSP\)](#)

Implementation resources for organisations or individual healthcare providers are available via the [My Health Record Checklists](#).

FOR ASSISTANCE WITH REGISTRATION FOR MY HEALTH RECORD CONTACT THE PHN DIGITAL HEALTH TEAM: 1300 859 028



APPENDIX 3: SENT EREFERRALS

The Primary Health Network (PHN) and Hunter New England Health have united to improve the way referrals are received and processed. SeNT eReferral supports General Practitioners to safely deliver the required information to the right service and enable accurate and prompt patient triage.

SeNT eReferrals are three times less likely to be sent back to General Practitioners for additional information or classified as not appropriate for care compared to traditional referral methods. The SeNT eReferral system uses a smart whole-of-health system approach to achieve this outcome. Currently available to healthcare providers in the Hunter New England (HNE) region, the SeNT eReferral system:

- was developed by BPAC Clinical Solutions LP and has three main components:
 1. the sending software (*SeNT eReferral*) for use by GPs which is integrated with the two main general Practice Clinical Information Systems in our region i.e. MedicalDirector and Best Practice
 2. a secure web-based portal called *Referral Manager*, that allows service providers to access, triage and manage referrals electronically. Thus, removing the need for printing and faxing resources.
 3. the *Valida Directory* – a comprehensive service and provider directory that is sourced from HNE Community HealthPathways, centrally maintained and regularly updated.
- uses locally agreed referral criteria and service information sourced from [HNE Community HealthPathways](#)
- username: hnehealth
- password: p1thw1ys

From 1 May 2020, General Practices in the HNE region using MedicalDirector or Best Practice are required to use SeNT eReferral to refer to HNE public healthcare services.

90% of eligible General Practices are SeNT eReferral enabled and now using the system to refer. Delivering over 3000 high-quality, clinically relevant public health service referrals per month, SeNT eReferral is fast reducing the dependence on non-secure methods of referral communication i.e. fax and email and supporting clinicians and patients with a quicker referral process and more timely access to the right healthcare service.

Compliant with Australian messaging standards, SeNT eReferral software sends encrypted clinical referral information to the secure Referral Manager web portal. Service provider access is linked to either the organisation's Healthcare Provider Identifier for Organisations (HPI-O) and Medicare security certificate (NASH-PKI) or a privately generated digital security certificate (if required).

Referral Manager offers providers a method for managing, triaging and storing referrals electronically for audit purposes, thus reducing the administration burden associated with paper-based referrals.

Registering your organisation to use the SeNT eReferral system requires connection to the Healthcare Identifiers (HI) service. Refer to 5.4 above.

FOR ASSISTANCE WITH REGISTRATION FOR REFERRAL MANAGER CONTACT THE PHN DIGITAL HEALTH TEAM: 1300 859 028 OR EMAIL EREFERRAL@HNECCPHN.COM.AU

**PRIMARY
HEALTH
NETWORK**

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative